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Country programme recommendation**

Maldives***

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2002 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of the Maldives, which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,080,000 from regular resources, subject to the availability of funds, and $175,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003 to 2007.

* E/ICEF/2002/11.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

*** Document submission was delayed pending receipt of final data.

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Basic data (2000 unless otherwise stated)	
Child population (millions, under 18 years)	0.1
U5MR (per 1,000 live births)	80
IMR (per 1,000 live births)	59
Underweight (% moderate and severe) (2001)	30
Maternal mortality ratio (per 100,000 live births) (1992-1994)	350
Literacy (% male/female)	96/96
Primary school enrolment (% net, male/female)	99/97
Primary school children reaching grade 5 (%) (2001)	100
Use of improved drinking water sources (%) (2001)	85
Routine EPI vaccines financed by Government (%) (2001)	35
Adult HIV prevalence rate (%) (1999)	0.05[a]
GNI per capita (US$)	1 460
One-year-olds fully immunized against:	
Tuberculosis	96 per cent
Diphtheria/pertussis/tetanus	91 per cent
Measles	92 per cent
Poliomyelitis	93 per cent
Pregnant women immunized against tetanus	48 per cent

[a] Not enough data were available to produce an estimate of HIV prevalence for end-1999. Instead, for each of the estimates, the 1994 prevalence estimate published by the World Health Organization (WHO) Global Programme on AIDS was applied to the country's 1999 adult population to produce the estimate.

The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2002 (E/ICEF/2002/P/L.13). While progress has been made in reducing infant and under-five mortality, geographical and gender disparities persist, and child malnutrition remains a serious problem. According to the Iodine Deficiency Disorder (IDD) Survey 2002, iodine deficiency is as prevalent now as it was in 1995, and the proportion of acutely malnourished children has barely decreased (from 17 to 13 per cent, Multiple Indicator Cluster Survey (MICS2), 2001). Since late 2001, the country has begun to focus more on nutrition issues. Early childhood care and development (ECCD) has become a prominent feature owing to the Government's pioneering ECCD strategy based largely on the creation of greater public awareness and the development of national capacity, with the support of the media, for and about children.

Programme cooperation, 1999-2002

2. The main objective of the country programme of cooperation for 1999-2002 (E/ICEF/1998/P/L.18/Add.1) was to assist the Government in its efforts to fulfil the rights of children and women according to the provisions of the Convention of the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. UNICEF support focused on activities targeting survival and physical development, primary education and cognitive development, a safe and sustainable environment, and institutional development and policy planning. Resources were mobilized to strengthen the capacity of the Government, non-governmental organizations (NGOs) and other partners. Country-specific objectives were to (a) reduce the infant and maternal under-five mortality rates by 30 per cent and the maternal mortality ratio by 50 per cent; (b) sustain the expanded programme on immunization (EPI) coverage level at over 92 per cent and reduce the incidence of acute respiratory infections (ARI) and diarrhoea; (c) reduce malnutrition by 20 per cent and halve the current rate of iron deficiency anaemia and iodine deficiency; (d) improve the quality and internal efficiency of primary education and initiate a community-based approach for early child development (ECD); (e) increase access to safe drinking water to 80 per cent and sanitation to at least 50 per cent in the islands; (f) raise the age at first pregnancy to at least 18 years and improve the status of women; and (g) create awareness on the issue of child rights and mobilize support for the strengthening and/or introduction of appropriate "child-friendly" laws and policies.

3. The Government's 5th National Development Plan 1997-2000 was guided by the principles of self-reliance and sustainability, and identified capacity-building, decentralization and community participation as major components of the national development strategy. UNICEF assistance supported decentralization by placing high priority on atoll- and island-level planning for the effective and efficient delivery of services for children. Capacity-building at national and atoll levels was strengthened, and the collection, analysis and use of island- and gender-disaggregated data supported planning and monitoring at island, atoll and national levels. The programme also supported institutional frameworks for promotion of the rights of children and women, and their active participation in community-level problem analysis, identification of solutions and assessment of activities. Four cross-cutting strategies formed the basis for each of the four programmes and the country programme as a whole: (a) disparity reduction (gender and geographical); (b) quality improvement, ensuring sustainability (through capacity-building and institutional development); (c) decentralization of decision-making and resource management; and (d) decentralized data collection and information management.

4. Under the survival and physical development programme, vaccine coverage was maintained between 90 and 95 per cent, and National Immunization Days were held regularly, in close collaboration with the Government and WHO. Information on the prevention of diarrhoeal diseases became an integral part of the community nutrition programme. Technical support focused on capacity-building, including training in cold-chain maintenance, EPI surveillance, ARI case management and enhancing the skills of traditional birth attendants. Supplies made available included syringes, vaccines and oxygen concentrators, and contributed to improving the quality of services. The distribution of vitamin A capsules and the de-worming of schoolchildren helped to reduce the negative health effects of micronutrient

deficiencies and parasites. Communication and information activities included the distribution of films and awareness-raising on micronutrient deficiencies using the mass media. However, with a total goitre rate of 25.7 per cent (IDD Survey, 2002) in the 16- to 12-year-old age group of schoolchildren, the prevalence of iodine deficiency today is even higher than in 1995 (23.6 per cent, Department of Public Health). Major efforts were made to improve the percentage of children who were breastfed exclusively up to six months of age. While the number of underweight children declined significantly from 43 per cent (MICS1, 1995) to 30 per cent (MICS2, 2001), chronic malnutrition (stunting) still affects one child in four (MICS2, 2001) compared to 30 per cent in 1995 (MICS1).

5. Based on a situation analysis, comprehensive interventions for ECCD were identified and developed under the education and cognitive development programme. A local team of educators and the media were trained to develop a core curriculum for a 52-week multi-media campaign. The key ECCD project "First Steps...Maldives" succeeded in creating a nationwide movement with the commitment and involvement of experts, education and media professionals, and individuals from various other sectors. A set of core materials for and about children was prepared locally and disseminated. These materials and a Parent Education Package have been used to train more than 300 caregivers, pre-school teachers, media professionals and fathers working in resorts away from their families. The impact of the media campaign and parent education workshops will be evaluated in 2002 to determine the extent of behavioural change and the adaptability of the concept to addressing other priority issues, e.g. malnutrition. Awareness-raising and advocacy regarding the equal rights of girls and boys formed an integral part of the programme, and UNICEF collaborated with a local NGO (Care Society) on childhood disabilities. Support was provided for capacity-building and improvement of institutional structures.

6. The quality education project supported upgrading national curricula, textbooks, and teaching and learning materials. To ensure capacity-building, assistance was provided for the on-site, in-service training of island teachers and for study tours to regional centres of excellence for education personnel. Atoll-level supervisors participated in specialized training to enable them to play an active role in monitoring the quality of education. Twenty-two of the most underserved schools in some of the most disadvantaged parts of the country were identified as needing comprehensive improvement of infrastructure, management, teacher and learning skills, gender equality and universal participation of both able-bodied and disabled children. As UNICEF had been supporting Maldives' On-site In-service Teacher Education Programme for almost 10 years, a survey was conducted of 45 islands from 8 atolls to evaluate the impact of interventions and identify best practices for the adaptation and integration of innovative strategies in the 22 underserved schools project. Efforts made to bring other partners on board resulted in support from the United Nations Development Programme (UNDP) in 2000 and 2001.

7. The safe and sustainable environment programme supported the introduction and initial provision of rainwater tanks, which were made of high-density polyethylene (HDPE), was quickly accepted by the communities, and the positive experience created a demand for HDPE tanks, which are now supplied by the private sector. Programme activities also included the production and dissemination of manuals for the installation and maintenance of HDPE tanks, as well as the establishment and management of a revolving fund for the purchase of tanks. To

improve safe excreta disposal, small bore sewage systems were constructed in selected areas, and study tours and training were supported to evaluate water and sanitation management solutions from other countries and adapt them to the specific conditions in Maldives.

8. The policy planning and institutional development programme addressed the policies, institutional mechanisms and planning processes of both government structures and civil society for the promotion and achievement of the rights of children and women. UNICEF assisted in the production of advocacy materials for children and adults. In 1999, an intersectoral meeting was held with the Unit for the Rights of Children (URC) of the Ministry of Women's Affairs and Social Security, the Ministry of Justice (MOJ), Police Headquarters (PHQ), Atoll Chiefs, Scouts, Girl Guides and the media. For the first time, the attention of stakeholders and larger groups of Maldivian society was drawn to the reality of child abuse in a legal system that at times re-victimizes children. The main problems identified included a lack of professionals to deal with child abuse and exploitation. As a consequence, and to strengthen capacities, priority was given to train URC staff and other partners in sexual abuse identification, special investigation skills and counselling. The newly initiated coordination of activities with the Ministry of Justice and Police Headquarters succeeded in developing effective cooperation on child protection issues, including data collection and management. Advocacy was undertaken to harmonize national laws, especially Islamic sharia, with the provisions of the Convention on the Rights of the Child and to improve the administration of juvenile justice, but more work is needed to achieve the realization of child rights. The programme also initiated and closely tracked a pilot project for a decentralized child protection system in the southernmost atoll of Addu, and collaborated with partners from the health, education and atolls' administration sectors. Volunteers and senior personnel were trained in counselling to help decentralize counselling services and in child-friendly investigative skills and forensics, respectively.

9. The country programme increased advocacy for and implementation of activities in line with the Convention on the Rights of the Child, introducing new initiatives in child protection, ECCD and to address the vital fight against child malnutrition. Building on achievements, further support sought and assistance planned will help to ensure that gains are sustained and further progress is made to reach the most vulnerable and disadvantaged children in the country.

Lessons learned from past cooperation

10. The lessons learned remain essentially the same as described in the country note. The mid-term review (MTR) had underlined the effective cooperation of UNICEF with a wide variety of partners, including Government, NGOs, civil society and other United Nations agencies, in particular WHO, the United Nations Population Fund (UNFPA) and UNDP, to ensure the implementation of child rights. Initiatives such as the ECCD project "First Steps...Maldives" demonstrated that synergistic progress is achievable by using an intersectoral and multidisciplinary approach.

11. The MTR also stressed the importance of targeting UNICEF interventions to priority areas in order to obtain maximum results and impact with the limited resources available. This requires focusing on capacity-building, strengthening the

linkages and collaboration with both donor and national agencies, nutrition and ECCD, and improved data collection and management, as well as supporting social mobilization and decentralization to facilitate application of the two Conventions. MTR recommendations were implemented during the second half of the country programme, placing major emphasis on capacity-building, increasing existing cooperation with national NGOs (FASHAN, Care Society), civil society (corporate sector, children such as the "Change Makers") and other United Nations agencies on issues such as gender equality, childhood disabilities, the participation of children, quality education, nutrition and health. One of the most serious problems in Maldives is persistent child malnutrition. Until late 2001, programme interventions did not sufficiently address nutrition as an area for priority assistance. To help reduce the rates of child malnutrition, it was learned that emphasis must be placed on addressing the problem in a holistic manner in view of its linkages with and impact on health, educational achievement and, ultimately, national development.

Recommended programme cooperation, 2003-2007

Estimated annual expenditure

(In thousands of United States dollars)

	2003	*2004*	*2005*	*2006*	*2007*	*Total*
Regular resources						
Early childhood development	156.0	156.0	156.0	156.0	156.0	780.0
Nutrition, health, and water and environmental sanitation	145.2	145.2	145.2	145.2	145.2	726.0
Quality education	142.8	142.8	142.8	142.8	142.8	714.0
Child protection	79.8	79.8	79.8	79.8	79.8	399.0
Cross-sectoral costs	92.2	92.2	92.2	92.2	92.2	461.0
Subtotal	**616.0**	**616.0**	**616.0**	**616.0**	**616.0**	**3 080.0**
Other resources						
Early childhood development	8.4	8.4	8.4	8.4	8.4	42.0
Nutrition, health, and water and environmental sanitation	9.4	9.4	9.4	9.4	9.4	47.0
Quality education	12.2	12.2	12.2	12.2	12.2	61.0
Child protection	5.0	5.0	5.0	5.0	5.0	25.0
Subtotal	**35.0**	**35.0**	**35.0**	**35.0**	**35.0**	**175.0**
Total	**651.0**	**651.0**	**651.0**	**651.0**	**651.0**	**3 255.0**

Country programme preparation process

12. A wide cross-section of government institutions, United Nations agencies (UNDP, WHO, UNFPA) and donor partners (European Union), NGOs (Care Society, SHE (Society for Health and Education)), civil society organizations, representatives of the corporate sector and children ("Change Makers") participated in the various

stages through working groups. They all contributed to developing the country strategy and a first draft of the master plan of operations. The Department of External Resources of the Ministry of Foreign Affairs coordinated the overall preparation process.

Country programme goals and objectives

13. The programme addresses national priorities with respect to children and women as articulated in the "Vision 2020", the 6th National Development Plan and sectoral master plans. Priority concerns and plans in development are also reflected in the United Nations Development Assistance Framework (UNDAF) for 2003–2007. Within the mandate of the agencies involved, UNDAF focuses on a United Nations system common response to key development challenges, complementing both national priorities and the Millennium Development Goals (MDGs). The country programme will contribute to achieving the UNDAF goal of the balanced and equitable development of Maldives through the reduction of disparities. While UNICEF contributions concentrate on one of the UNDAF objectives, namely, support to quality social services, all programmes will focus on capacity-building, advocacy and social mobilization, sector analysis studies, and monitoring data to help formulate appropriate policies and strategies.

14. The new country programme addresses the "Emerging issues for children in the twenty-first century" (E/ICEF/2000/13) and the five priorities of the medium-term strategic plan (MTSP) as relevant for the country's development. Efforts have been made to focus on ensuring that all MTSP priorities are being addressed adequately at the national level and that the limited resources of UNICEF are being used in a strategic manner to this end. A synergistic effect of transversal programme activities is sought to increase their impact rather than isolating them in vertical programmes. In some areas, such as girls' education, gender parity has already been reached with a very high enrolment rate (97 per cent). The UNICEF comparative advantage lies in the substantial experience gained in programme implementation with partners in innovative areas (e.g. the ECCD initiative). Since the severity of nutrition problems was brought to national attention through the UNICEF-sponsored National Nutrition Strategy meeting in 2001, other development partners have begun to focus on the importance of the battle against child malnutrition (UNDP). Finally, UNICEF is the main driving force behind Government efforts to address protection of the rights of children.

15. The goal of the new country programme is to promote the respect of children's rights and to enable children to be healthy; educated; inquiring; confident; proactive; aware of their rights, responsibilities and opportunities; shielded from discrimination and adverse influences; and prepared to engage with the future. This is to be achieved through providing an environment that is healthful, caring, supportive, stimulating and respectful of their needs, rights and views. The four main objectives are to (a) ensure that all children are reached to get the best start in life and are physically and mentally healthy, socially alert and proactive; (b) support improved nutrition, and the provision of quality health care and water and environmental sanitation (WES); (c) ensure the provision of equitable availability of and access to quality basic education; and (d) improve capacity to promote and monitor the realization of child rights, especially protection from discrimination,

abuse and exploitation. This includes the collection and management of disaggregated data.

Relation to national and international priorities

16. The strategic framework of the new country programme is guided by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The new country programme is a synthesis of UNICEF goals and objectives and the Maldives' national priorities as expressed in relevant Government documents, including the "Vision 2020", National Health and Education Master Plans, and the 6th National Development Plan. National priorities, including better quality health care and nutrition, gender mainstreaming, child rights and human rights, as well as the fight against HIV/AIDS, are clear priorities in the new country programme. It is based on elements of the outcome document of the United Nations General Assembly Special Session on Children and the UNICEF MTSP. The Concluding Observations of the Committee on the Rights of the Child were taken into account. Complementing the incorporation of key elements of Maldives' development agenda, the new country programme of cooperation is in line with the MDGs and fully embedded in the UNDAF. The UNDAF outlines the importance of addressing behavioural change, improving health and nutrition, the quality of education, capacity-building, advocacy and support for policy development and other issues.

17. Due to its physical set-up and exposure to environmental hazards and changes, health and environmental impact screening in Maldives is of significant importance in the context of the new programme. While Maldivians in general are very conscious of the importance of providing a clean and safe environment for their children, studies in 2000 provided reasons for concern, including hygiene and sanitation issues and the impact on children. Some of the concerns will be taken into account by programme activities related to ECD, which aim to increase parents' and caregivers' awareness of environmental, socio-economic and cultural factors influencing children's vulnerability to different environmental elements and to develop their skills to address them adequately.

Programme strategy

18. As described in more detail in the country note, the objectives of the country programme will be reached through a combination of four key cross-cutting strategies similar to those applied in the current programme: (a) advocacy to improve awareness on child rights and trigger behavioural change; (b) capacity-building; (c) development and consolidation of partnerships to ensure problem-oriented solutions and convergence of resources for greater impact of interventions; and (d) involvement of communities and children to ensure ownership and sustainability. The four components of the country programme all contain complementary elements of advocacy, communication, social mobilization, planning, data collection, monitoring and evaluation. In case of the relatively unlikely event of a natural disaster in Maldives (e.g. tidal wave), the programme strategy would shift, if required, to concentrate resources on helping the Government address basic needs such as the provision of potable water and the prevention of epidemics.

19. **Early childhood development**. Based on the crucial importance of the first three years in every child's life, the objective of this programme is to help secure children's full physical, cognitive and psychosocial development in a positive and stimulating environment that is conducive to helping each child reach his/her full potential. In close collaboration with the Ministry of Education and other partners, the strategies for achieving this objective have been tested in the "First Steps...Maldives" project. During the new programme, the project will be evaluated for impact, upgraded where necessary, and supported to facilitate its systematic introduction and application in all geographical areas. Other scientifically sound and creatively presented information on nutrition, hygiene and health will be produced and integrated in the approach for a comprehensive ECD programme. Advocacy will be undertaken to include ECD into pre- and in-service training provided by the Faculties of Health Sciences and Education. Other activities to be supported include disabilities, especially the prevention of low birth weight and the early detection and prevention of disabilities. UNICEF will assist NGO initiatives for the training of staff in the community-based rehabilitation of children and for the establishment of integrated child development centres to link ECD and education and to demonstrate and share good practices.

20. **Nutrition, health and WES**. In line with the National Health Master Plan and the National Nutrition Strategy, this programme will target the reduction of child malnutrition and persisting problems related to water, hygiene, sanitation and health. It finds its necessary complements in the cognitive and psychosocial elements of the ECD programme. Special emphasis will be placed on local capacity-building to plan, implement and monitor activities. Existing UNICEF collaboration will be expanded and strengthened with other government, non-governmental, United Nations and donor agencies to reduce the prevalence of acute malnutrition by one half. The programme will help to produce positive changes in feeding and eating habits through the promotion of exclusive breastfeeding and the consumption of a less monotonous, nutrient deficient diet. Other objectives include efforts to substantially increase household consumption of iodized salt and contribute to the reduction of iron deficiency anaemia and other micronutrient deficiencies. Adequate technologies for water collection and resource protection, and appropriate sewage and solid waste disposal systems will be identified, and relevant legislation and the application of standards will be advocated. Activities to change health, nutrition and hygiene habits, including hand-washing, will be promoted in schools and with the public. Advocacy and technical assistance are planned to halve the rates of low birth-weight babies and sustain gains in infant and child health. The programme will work to ensure that immunization, including some of the newer vaccines, the distribution of vitamin A capsules, and the annual blanket coverage of polio and maternal and neonatal tetanus will continue at a high level. Finally, awareness-raising on and the prevention of HIV/AIDS and sexually transmitted infections, especially in adolescents, complement the scope of strategic interventions.

21. **Quality education**. Reflecting a concern of the Government, the main objective of this programme is to increase the overall learning achievement of children in the most disadvantaged schools. This programme will focus on the 22 underserved schools and their communities. Complementary assistance to address water, nutrition, health, hygiene and sanitation issues will ensure the creation of a more appropriate environment for children's development. The programme aims to support island schools through comprehensive, child-centred teaching methods and

help island communities identify priority needs, learn basic planning skills and seek appropriate support when necessary. Emphasis will be placed on pre-school and basic education policy development, capacity-building, disparity reduction, gender equity and internal efficiency. Best practices will be shared among selected islands and educational innovations will be encouraged. Demonstration models will focus on child-centred processes, thus ensuring individual learning achievement through in-service training and supportive supervision. The preparation of developmentally appropriate, gender-sensitive, locally relevant and information technology-integrated curricula and reading, teaching and learning material will also be supported. Attention will be given to the integration of disabled children in mainstream schools, the participation of stakeholders, the convergence of resources and community ownership in project planning, implementation, monitoring and evaluation.

22. **Child protection**. This programme intends to support the development of policies and improvement of legislation on child protection, especially concerning discrimination, sexual abuse and other forms of exploitation. It will target the setting and monitoring of standards and the strengthening of national capacities. The programme will help to sensitize and train care providers, and judicial and law enforcement officials. It will work with government and non-governmental service providers to ensure screening, early detection and expansion of services for children with special needs, including children with disabilities and children in conflict with the law. Efforts will target the decentralization of child protection services through working with local duty bearers and communities and strengthening existing partnerships with the Ministry of Women's Affairs and Social Security, the Ministry of Justice, Police Headquarters and NGOs (e.g. "Society for Health Education", FASHAN, Care Society). Support will also be provided for monitoring and reporting on child rights indicators by developing capacity for improved data gathering and management systems.

23. **Cross-sectoral costs**. These costs will ensure that adequate human and other resources are made available in the field and at various administrative levels for the implementation of the programme. With the objective of long-term capacity-building, a joint programme of data collection for monitoring and evaluation is envisioned by United Nations agencies as part of the UNDAF. In cooperation with the Government, in particular the Ministry of Planning and National Development, United Nations agencies and other partners, UNICEF will help to develop the United Nations' common database to facilitate reporting the MDGs.

Monitoring and evaluation

24. An Integrated Monitoring and Evaluation Plan (IMEP) for the five-year period will incorporate the main evaluations planned and list key indicators and measurement methodologies. Indicators will address priority areas, including malnutrition, low birth weight, micronutrient deficiencies, caring practices, cognitive and psychosocial development, learning achievement, drop-out rates, reported cases of sexual abuse and reported HIV/AIDS cases. The situation will be assessed through MICS or periodic sample surveys, as well as supervisory field visits and reports, special studies and routine reporting. The IMEP will be updated on a regular basis following progress reviews towards programme and project objectives. The new country programme of cooperation will continue to focus on the

collection, analysis, application and dissemination of disaggregated data on children and women using both the ChildInfo database and DevInfo, in collaboration with other United Nations agencies.

25. Methodologies for monitoring the situation of children will include an Environmental Impact Analysis. Assessment results would then be used to facilitate measures to ensure a child-friendly environment. For example, in schools this translates into promoting child-centred learning, safe classrooms and school grounds for children, and the availability of basic services (water and sanitation). In addition, to provide important tools for programme implementation and management, monitoring and evaluation activities with data collection, analysis and related national research on children's issues will contribute to capacity-building.

26. At the national level, monitoring and evaluation will be the function of all sectoral ministries involved in the implementation of the programme, each partner being accountable for monitoring those activities implemented by their ministry or organization. The overall responsibility for coordinating the monitoring, evaluation and review of the programme rests with the Ministry of Planning and National Development, which will cooperate closely with all sectoral ministries involved, particularly the Ministry of Health and the Ministry of Education. Community participation will be sought to help monitor the progress of implementation of activities. This involvement can be ensured through service providers and in particular field workers from the health and education sectors.

27. Specific thematic evaluations are to be planned on community empowerment, children's participation in decision-making processes and institutional capacity-building on rights-based approaches. A regularly updated database on the situation of women and children in Maldives and the United Nations database for monitoring the UNDAF goals will complement each other as powerful monitoring tools. UNICEF participation in periodic reviews of progress towards achieving the UNDAF goals is mandatory.

Collaboration with partners

28. UNICEF maintains a close collaborative relationship with the Government, and a continuation of joint activities in the respective programme areas is likely to further strengthen cooperation. UNICEF will advocate for the incorporation of a child-friendly perspective in its entire scope of social developmental programmes and actions. Existing collaboration with other United Nations agencies (WHO, UNFPA, UNDP) in the areas of health, nutrition and education can be expanded within the context of the UNDAF.

29. The United Nations Country Team has been collaborating regularly and with increasing intensity and collegiality, especially in connection with the United Nations Theme Groups (gender and HIV/AIDS) and for the Common Country Assessment/UNDAF process. To help raise the resources required to implement priority activities, existing partnerships with donors are to be extended and new ways of collaboration with other United Nations agencies explored. At present only one donor ("Third Millennium Foundation") has made other resources available for ECD activities through the United States Fund for UNICEF. The British Voluntary Service Overseas (VSO) and the Japan Overseas Cooperation Volunteers (JOCV) will also collaborate in the priority areas of nutrition, WES and education.

Cooperation has already been close on WES issues with VSO and on pre-schools with JOVC. In the new country programme, VSO and UNICEF will work together in the area of nutrition. The capacity of NGOs will be developed with the objective of increasing their functioning effectively in promoting children's rights. UNICEF plans to intensify advocacy with public and private sectors, policy makers, the legislature, media and civil society to engage in activities in support of the Global Movement for Children.

Programme management

30. For each of the four programmes, multisectoral tasks force will be established under the guidance of the sectoral Ministry. For example, the Ministry of Education will take the lead for ECD. Each task force will consist of all major counterparts, NGOs and other relevant partners, and prepare the annual work plans, as well as manage, monitor and review programme implementation. Existing links are to be reinforced with the National Council for Early Childhood Care and Development, the National Council for the Protection of the Rights of Children and the National Nutrition Committee. Front-line service providers, including parents, teachers and health workers, are responsible for facilitating family- and community-based activities with respect to psychosocial development and health, nutrition, hygiene and sanitation activities. The Department of External Resources of the Ministry of Foreign Affairs has overall responsibility for coordinating implementation of the country programme and the joint annual reviews. Intensive collaboration on both a national and decentralized level will help to ensure the increased impact of UNICEF interventions in support of the Government's and other partners' programme objectives and activities.